

Dear Committee,

My name is Nancy DeWitt-Smith. I came here today to urge you to please revise Department of Children and Families OTC (JD-JM-58) form and to take a closer look at their policies and regulations. I would like to begin with my personal story and then my concerns. My 25 year old daughter who had been diagnosed with a Bipolar Disorder was residing in supportive housing when she became pregnant. At this point my daughter, the biological father, and I met with her psychiatrist regarding her meds and the side effects it would have on her unborn child. At the consultation the psychiatrist was not able to determine the outcome of the medications; at that time I was in agreement with my daughter's decision to resume her medications after the baby was born. My daughter was in compliance with all her medical appointments, which I sometimes accompanied her to. Further along in her pregnancy she moved back home so my husband and I could help assist her with anything that she might have needed. My nightmare began Tuesday, February 28, 2006, when my daughter was transported to Bridgeport Hospital in labor. Prior to the transportation my daughter became distraught, resisted any assistance from the EMT Staff. Upon arrival to the hospital she was calm. Approximately 12:15am Wednesday morning shortly thereafter, she delivered a full term healthy baby boy. I remained with my daughter during the entire delivery, and I didn't leave the hospital until they were preparing to move her to her room. Upon my departure at 2:30am, she was calm and there did not appear to be any concerns.

After work I went to visit my daughter and grandson, when I arrived at the hospital to my surprise I discovered my daughter had been transferred to the Psychiatric Unit in Bridgeport Hospital while the baby remained in the nursery on another floor. My daughter informed me that she had not been allowed to have any contact with her baby. My daughter also, informed me that the Department of Children and Families had been notified and will be coming to speak with her.

After speaking with my daughter I attempted to make an inquiry of the staff regarding the origin and reason for a referral to the Department of Children and Families. I spoke to the covering obstetrician Dr. Parapurath, who stated that she did not make the referral and was unaware of any reasons why a referral would have been made. (Later during the trial it came to light that the Social Worker at Bridgeport Hospital made the referral, but neglected to file a mandatory form (DCF- 136) with the Department of Children and Families). Because of all the confusion and chaos with Department of Children and Families I did not pursue who made the decision and why my daughter was transferred to the psychiatric unit. Later my daughter informed me it was because she resisted the EMT Staff.

On Friday I received a call at my place of employment from my daughter who was very upset that a Social Worker from the Department of Children and Families came to the hospital and stated "he was there due to the fact that the hospital called to make a referral based on my daughter's psychotic state of mind during labor. Once I arrived at the hospital, the Social Worker spoke with me privately regarding the plan for the baby. After giving him names and phone numbers of my support system which included: my sister, a Clinical Social Worker/Licensed foster Parent, another sister, who is a

Substitute School Teacher, a Brother who works for GE, and my 22 year old daughter at home, and our daycare provider. After the Social Worker called back his supervisor he met with the Doctor in private, after he returned back to my daughter's room, he informed us that my daughter would not be going home right away. I then stated "if my daughter cannot go home I would like to take the baby home with me, as for me and my husband we are professionals. The Social Worker stated "he had to check with his supervisor." Not long after speaking with his supervisor, the Social Worker informed my daughter and I that the Department of Children and Families had made the decision to place my grandson in foster care, and proceeded to hand my daughter an Order of Temporary Custody (OTC).

After consulting with various mental health professionals, I believed that my daughter's civil rights were violated. At no time was I aware that a mental health professional in the hospital deemed my daughter "psychotic, or a danger to herself or others." Consequently, my daughter was not allowed access to her baby for the first 8 hours of his life, and after that time only with close supervision. This greatly impeded the crucial bonding that must occur between mother and child shortly after birth. This has had a great impact on my daughter to this day; she is extremely over protected of her son.

On the 3rd day after disputing with Department of Children and Families, my grandson was placed in my home that evening, however, the Department of Children and Families conditions in the order of Temporary Custody were (1) restricting my daughter's return to her home with me, and (2) she was ordered to get treatment. The Social Worker also, stated that the Department of Children and Families would determine when the correct amount and type of treatment was received before my daughter would be able to return home, where she lived with her family for over 20 years with no problems. This was detrimental for my daughter to have had her baby removed and to be banished from her own residence all at the same time.

This entire situation with Bridgeport Hospital's referral to Department of Children and Families and the Department's decision to place my grandson in foster care based entirely on my daughter's mental health history appears to be unfounded. At no time was my grandson in any imminent danger and had more than appropriate placement options. Furthermore, the Department of Children and Families demands appeared to supersede their authority. It is my belief that there are specific federal laws that protect the rights of the mentally ill, i.e. where they live and the right to seek treatment. Another problem I have with Department of Children and Families is anytime a person is competent regarding their situation, the Department documents that the person is minimizing their situation; this is a frequently used statement. They also, conveniently leave out information when it's not in the agencies best interest to report it. Racism and discrimination is evident in the Departments percentage of the number of African American, and Hispanic children, verses Caucasian children that are removed from their families on a regular basis. All Department of Children and Families is to society is a modernized legal slavery system that breakdown the family structure by ripping children from their families and siblings to distribute throughout the country.

With everything said and done, my daughter opted to go to trial to regain custody of her son. During the trial the Judge asked each attorney to submit similar cases like my daughters. Prior to my daughter's case, no other case existed where a new born baby was removed from its parent's custody on pre-neglect when the mother had no previous abuse history of any kind. With all my family efforts to seek justice for my daughter and grandson fell on deaf ears, and now there is a precedent set at my daughter's expense that will allow Department of Children and Families to use as they choose. I'm not sure what can be done at this time regarding the Appellate Court decision to uphold Department of Children and Families neglect status, but for the OTC form (JD-JM-58) used to obtain custody of my grandson, and used at the adjudication hearing needs to be revised. Within the world of Department of Children and Families everything is either neglect or not neglect there are no GREY areas. Every case is compiled and compress into one of these two categories. The form (JD-JM-58) did not apply to my daughter's situation, so Department of Children and Families made it apply by deeming her neglectful. The following areas are what the Department of Children and Families accused my daughter of: (1) the child/youth is being denied proper care and attention, physically, educationally, emotional or morally. (2) the child/youth is being permitted to live under conditions, circumstances or associations injurious to his/her well being. As you might have derive by now Department of Children and Families forms were designed for ordinary people with no consideration given to individuals with mental illness. The anguish that my daughter and my family have gone through will never be erased from our souls. It is critical that there be an extensive review of Department of Children and Families policies, regulations, and forms to be revised immediately to incorporate the needs of the mental health community.

Thank you for your time,

Nancy DeWitt-Smith.